# **EXHIBIT A**

$\checkmark$	SIGN UP	DONATE
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### **Nonprofit Explorer**

Research Tax-Exempt Organizations

# **ALLIANT CREDIT UNION**

11545 W TOUHY AVE, CHICAGO, IL 60666-5000 | TAX-EXEMPT SINCE OCT. 1964

#### Full text of "Form 990" for fiscal year ending Dec. 2016

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from IRS e-File Viewer by Ben Getson.

← Back to main page for ALLIANT CREDIT UNION

Form 990	▼

11/14/2018

efile Public Visual Render

ObjectId: 201723189349305877 - Submission: 2017-11-14

TIN: 36-6066772 OMB No. 1545-0047

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>.

Inspection

A Fo	or the 2016 c	alendar year, or tax year beginning 01-01-2016 $$ , and endire	ng 12-3:	1-2016				
B Che	ck if applicable:	C Name of organization ALLIANT CREDIT UNION			D Employe	r identifi	ication number	
Add	dress change	ALLIANT CREDIT ONION			36-6066	772		
	me change	Doing business as						
	ial return	Duning business as						
_	l return/terminated ended return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Telephone	number		
	olication pending	11545 W Touhy Avenue	Room/su	ite	(773) 46	2-2017		
	,	City or town, state or province, country, and ZIP or foreign postal code			(775) 15			
		Chicago, IL 60666			<b>G</b> Gross rece	ainte ¢ 06	52 004 228	
		F Name and address of principal officer:		11/2) 7 11:			32,004,220	
		David Mooney			a group retu	irn for		
		11545 W Touhy Avenue			dinates? I subordinate		Yes No	
T Tax	-exempt status:	Chicago, IL 60666		includ		5	☐ Yes ☐No	
1 lax	-exempt status.	□ 501(c)(3)	527			•	instructions)	
J W	ebsite: 🕨 ww	w.alliantcreditunion.org		H(c) Group	exemption r	ıumber	<b>&gt;</b>	
				1 1 66		M 01 1	C	
<b>K</b> Form	of organization:	Corporation Trust Association Other		L Year of forma	tion: 1935	M State o	of legal domicile: IL	
D								
Pa		mary						
		scribe the organization's mission or most significant activities: Edit Union operates to benefit members. Alliant Credit Union operat	es witho	ut profit for m	utual purpose	e. We st	rive to benefit our	
ce	members	through higher dividends on savings and lower loan rates.						
an								
E								
O.	2 Check thi							
5		of voting members of the governing body (Part VI, line 1a)				3	11	
S	4 Number	of independent voting members of the governing body (Part VI, line	e 1b) .		•	4	10	
Activities & Governance	5 Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a	)		-	5	504	
ίtν		nber of volunteers (estimate if necessary)	•			6	10	
Ac		elated business revenue from Part VIII, column (C), line 12				7a	0	
		ated business taxable income from Form 990-T, line 34			-	7b	0	
	<b>b</b> Net unle	ated business taxable income from Form 950-1, line 54		 De:	or Year	7,0	Current Year	
	O Combuile ut	sione and supplie (Pash VIII line 1h)		F11	oi reai		0	
Revenue		ions and grants (Part VIII, line 1h)	•		176 510 1	0		
le/		service revenue (Part VIII, line 2g)	•		176,543,11		229,724,678	
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d )	•		36,687,29		43,989,556	
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			19,906,82		1,536,198	
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 12)		233,137,23	30	275,250,432	
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3 )			15,2	50	15,250	
	<b>14</b> Benefits	paid to or for members (Part IX, column (A), line 4)				0	0	
55	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines	5-10)		51,870,34	18	54,291,648	
Expenses	<b>16a</b> Professio	anal fundraising fees (Part IX, column (A), line 11e)				0	0	
ре	<b>b</b> Total fundr	raising expenses (Part IX, column (D), line 25) ▶0						
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			130,811,54	14	163,720,968	
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			182,697,14	_	218,027,866	
	-	less expenses. Subtract line 18 from line 12		50,440,08		57,222,566		
in S	-> Nevellue	ress expenses. Subtract fille 10 Holli fille 12	•	Reginnin-	of Current Ye		End of Year	
Net Assets or Fund Balances				beginning	or current te	91	LIIU OI TEAF	
ala	20 Total asse	ets (Part X, line 16)			8,673,603,60	59	9,508,907,870	
As dB		<b>21</b> Total liabilities (Part X, line 26)						
Net E		es or fund balances. Subtract line 21 from line 20	- •		963,273,90	_	8,488,276,405 1,020,631,465	
	NCL 05561	.5 or rand balances. Subtract line 21 Holli lille 20		1	202,273,91	, ,	1,020,031,403	

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

11/14/	2018 C	1940 0 5955 D D D D D D D D D D D D D D D D D	mpiondexpione31-31 Higherit	REDE AD CES ALCON FP CAU	ges46affdEnGRæggel	<b>D#</b> 1	<b>35</b> 36			
uny is					2017-11-13					
Sign	1	gnature of officer			Date					
Here	100	evin Devlin Vice President of Accounting pe or print name and title								
		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN					
Pai	d				self-employed					
Pre	parer	Firm's name			Firm's EIN ▶					
	Only	Firm's address			Phone no.					
May t	he IRS disc	luss this return with the preparer shov	vn above? (see instructions)			Yes	□ No			
		Reduction Act Notice, see the sep	, ,		. No. 11282Y			<b>0</b> (2016)		
Form	990 (2016)							Page <b>2</b>		
		atement of Program Service A	ccomplishments					rage <b>z</b>		
		eck if Schedule O contains a response	or note to any line in this Pa	rt III				. $\square$		
1	Briefly des	cribe the organization's mission:								
		on operates to benefit members. Allia ividends on savings and lower loan ra		nout profit for mutua	al purpose. We strive to	benefit	our me	mbers		
tillou	igii iligilei u	ividends on savings and lower loan ra	ies.							
	Did the or	ganization undertake any significant p	program sorvices during the v	ear which were not	listed on					
_		orm 990 or 990-EZ?		ear willcir were not	isted on	□ Y	es 🗹	No		
		escribe these new services on Schedu				-	_			
3	•	ganization cease conducting, or make		conducts, any prog	ram					
	services?						Yes	<b>☑</b> No		
	If "Yes," d	escribe these changes on Schedule O.								
4	Describe t	ne organization's program service acc	omplishments for each of its	three largest progra	m services, as measure	ed by ex	kpenses			
	Section 50	1(c)(3) and 501(c)(4) organizations a	are required to report the am							
	and reven	ue, if any, for each program service re	eported.							
4a	(Code:	) (Expenses \$	including grants	of \$	) (Revenue \$		)			
		ervices - We offer various credit solutions at	t reasonable rates of interest. Incl	uding 1st and 2nd mort	gage, consumer loans, stud	dent loar	s, credit	cards,		
	personal I	pans and business loans.								
4b	(Code:	) (Expenses \$	including grants	of \$	) (Revenue \$		)			
70		roducts - We offer numerous deposit produc			, ,	eposits.	custodial	accounts.		
		n savings accounts.				-,,		,		
	(6.1.	\/F			) (D					
4c	(Code:	) (Expenses \$ nt Services - Full service financial advisory p	including grants		) (Revenue \$		)			
	Investmen	it Services - I un service imancial advisory p	nogram offering members retiren	ent, insurance, and inv	estillents services.					
4d	Other pr	ogram services (Describe in Schedule	•							
	(Expense	'	ing grants of \$	0 ) (Reven	ue \$	0 )				
4e	Total pr	ogram service expenses 🕨	0					<b>0</b> (2016)		
						r	orm 99	<b>0</b> (2016)		
			———— Page 3 —							
			<u> </u>							
	990 (2016)							Page <b>3</b>		
Par	t IV Ch	ecklist of Required Schedules					V	N-		
	Is the ora	anization described in section 501(c)(3	2) or 4047(a)(1) (other than	a private foundation	)? If "Voc." complete		Yes	No No		
-	Schedule A			a private roundation	i): Ii Tes, complete	1		INO		
2	Is the orga	anization required to complete Schedu	ıle B, Schedule of Contributo	rs (see instructions)	?	2		No		
3	_	ganization engage in direct or indirect	·	,			Yes			
	for public	office? If "Yes," complete Schedule C,				3				
4										
	If "Yes," c	ganization engage in lobbying activitien mplete Schedule C, Part II	es, or nave a section 501(h) $\cdot$	election in effect dur	ing the tax year?	4				
5	assessmer	anization a section 501(c)(4), 501(c)( ats, or similar amounts as defined in R		that receives memb	pership dues,	   <sub>E</sub>		No		

11/14/	2018 C 包括	D#1	<b>36</b> 37					
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?							
	If "Yes," complete Schedule D, Part I	6		No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II $\cdot$ $\cdot$ $\cdot$	7		No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No				
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.							
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a	Yes					
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No				
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No				
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No				
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🧐	11e	Yes					
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No				
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII							
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	a Did the organization maintain an office, employees, or agents outside of the United States?							
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV							
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No				
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No				
		F	orm <b>99</b>	<b>0</b> (2016)				
	Page 4 ———————————————————————————————————							
Form	990 (2016)			Page <b>4</b>				
Par	t IV Checklist of Required Schedules (continued)		Voc	No				
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No No				
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b						
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						

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С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a								
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b								
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No						
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	201		NI -						
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		No No						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>									
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I									
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1									
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No						
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b								
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part $VI$	37		No						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes							
		F	Form <b>99</b>	<b>0</b> (201						
	Page 5									
	000 (2015)									
	990 (2016)  t V Statements Regarding Other IRS Filings and Tax Compliance			Page						
rai	Check if Schedule O contains a response or note to any line in this Part V									
	· · · · · · · · · · · · · · · · · · ·		Yes	No						
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 240,545									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule $O$	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									

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b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		140
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	5c 6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
1	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Page 6	For	rm <b>990</b>	(201)
	990 (2016)			Page
Parl	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" respons	e to lir	
_	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>	<b>✓</b>
Se	ction A. Governing Body and Management		Vec	NI.
1a	Enter the number of voting members of the governing body at the end of the tax year 11		Yes	No
	If there are material differences in voting rights are as a february of the assurable	1		
	If there are material differences in voting rights among members of the governing	I I		

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	similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b	Yes	
b	form?	11a		No
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17 18	List the States with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Kevin Devlin 11545 W Touhy Avenue Chicago, IL 60666 (773) 462-2017	_	0 mm 20	0 (2010)
		F	oriii <b>99</b>	<b>0</b> (2016)
	Page 7			
orm	990 (2016)			Page <b>7</b>
	VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emp	loyee	s,	
50	and Independent Contractors  Check if Schedule O contains a response or note to any line in this Part VII			

#### 

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no  (A)	(B)			(C)			,	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related	more pers and	ition than on is	(do one both ecto	not box an or/tr	office ustee	ess er )	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Anne Pease Board Member	0	Х						0	0	0
(2) Farhan Siddiqi Board Member	0	Х						0	0	0
(3) Irwin Gzesh Board Member, Board Secretary	1 0	x						0	0	0
(4) Edward J Rogowski Chairperson	0	Х						0	0	0
(5) Ted Davidson Board Member	1	х						0	0	0
(6) John Gebo Board Member, Vice Chairperson	1 0	х						0	0	0
(7) David Leib Board Member	0	Х						0	0	0
(8) Lee Achord Board Member	1	х						4,536	0	0
(9) Julian Chu Board Member	0	х						2,338	0	0
(10) Scott Wilson Board Member	0	Х						0	0	0
(11) David Mooney  Executive Director/CEO	40	х		х				1,696,688	0	21,469
(12) Harry Zhu CFO	40			х				466,355	0	21,733
(13) Philip Salis Senior Vice President	40			х				558,579	0	20,383
(14) Timothy Wartman Senior Vice President	40			x				546,165	0	22,731
(15) Jason Osterhage	40			Х				475,327	0	21,193

11/14/2018 <b>Calsats CI: 19-9 vg V-5.0868</b> Senior vice President		0 0								111.13072	
(16) Lee Schafer	4	0			, [			F20 210		0	21 402
Senior Vice President		0		X	`			528,310		U	21,483
(17) George Rudolph	4										
Senior Vice President		0		Х				496,658		0	19,295
		U		<u> </u>				<u> </u>		Form <b>99</b>	<b>0</b> (2016)
			Pag	e 8	_						
Form 990 (2016)  Part VII Section A. Officers, Direct	ors. Trustees. K	ev Em	volar	ees	s, ar	nd Hid	ahe	st Compensated	Employees (co	ntinued)	Page <b>8</b>
(A)	(B)	- <b>,</b>		(C)		•		(D)	(E)	(F	
Name and Title	Average hours per week (list any hours for	th pers	on (do an on son is	no e bo bot	t ch ox, ι h ar	eck mandess n office rustee)	er	Reportable compensation from the organization (W-	Reportable compensation from related organizations	Estim amount comper from	ated of other nsation the
	related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organiz	ted
(18) Meredith Ritchie	40			Х				289,647		0	14,922
VP, General Councel & Chief Ethics Officer (19) Wayne Rosenwinkel	40										
Chief Investment Officer	1			Х				310,234		0	17,842
(20) William Podborny  VP, Network & Security-Chief Info Security Officer	40			х				291,525		0	16,357
(21) Michelle Spellerberg VP, Marketing & Digital Strategy	40 					Х		316,926		0	21,633
(22) Laura Wallace VP, Attended Channels	40 0					х		322,237		0	16,519
(23) Al Pitcher  VP, Information Technology	40 Ω					Х		326,664		0	16,959
(24) Norman Buchanan	40							272 100		0	10.252
VP, Member Experience	۵					Х		272,109		0	18,253
(25) Jeremy Pinard  VP, Consumer Lending	40 					Х		304,720		0	14,208
1b Sub-Total			•			<u> </u>					
d Total (add lines 1b and 1c)			<u>.</u>		ı	_		7,209,018	0		284,980
2 Total number of individuals (including of reportable compensation from the compensation)	but not limited to to organization ► 173	those li	sted a	bov	/e) v	vho re	ceiv	ed more than \$100	,000		
										Yes	No
3 Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>	•		key e	mp •	loye •	e, or h	nigh •	est compensated er		3	No
<b>4</b> For any individual listed on line 1a, is organization and related organizations individual										4 Yes	
5 Did any person listed on line 1a receiv services rendered to the organization?	•				•			•	dual for	5	No

Sec	tion B. Independent Contracto	rs						•		
	Complete this table for your five higher from the organization. Report compens								npensati	ion
	Tom the organization. Report compens	(A)	calellual yea	renuing	WILII OI W	unin the	Organization	(B)		(C)
The New		nd business addr	ess					ption of services vices Consulting		Compensation
	th Highland Company						rillaliciai Serv	rices Consulting		3,068,351
	edmont Rd GA 30305									
Mindtre	e LTD							ing Consulting		3,056,478
	chnology Drive						Services			
suite 31 Elgin, IL	2 . 60124									
	Solutions						Business Tech	nology Services		1,410,432
2531 TE	CHNOLOGY DRIVE STE 312									
	rces Consulting LLC						Technology S	ervice		1,139,852
	-						recimology 50	or vice		1,133,032
	ake Street CO 80205									
Halock S	Security Labs						Security and	Risk Consulting		687,994
	alden Office Square burg, IL 60173									
	al number of independent contractors	(including but	t not limited	to those	listed abo	ve) who	received mor	e than \$100,000	0 of	
	mpensation from the organization $ hilder$ $1$									
									Fo	rm <b>990</b> (2016)
				Page 9						
				rage 3						
Form 9	90 (2016)									Page <b>9</b>
Part	VIII Statement of Revenue									
	Check if Schedule O contains	a response or	note to any						<u> </u>	
					<b>A)</b> evenue		(B) ated or	<b>(C)</b> Unrelated		( <b>D</b> ) Revenue
							empt nction	business revenue		cluded from under sections
							venue	revenue	tax t	512-514
w 83	<b>1a</b> Federated campaigns	1a								
ž į	<b>b</b> Membership dues	1b								
is, Gifts, Grants imilar Amounts	<b>c</b> Fundraising events	1c								
S. A	<b>d</b> Related organizations	1d								
Giff	<b>e</b> Government grants (contributions)	1e								
s, i	,	1 1								
ie S		1f								
out he	above									
∄ 5	<b>g</b> Noncash contributions included in lines 1a-1f:\$									
Contribution and Other Si	h Total.Add lines 1a-1f	<del>-</del>	<b>•</b>		0					
	_		Business	Code	0	Т			1	
Program Service Revenue	23   Tokamari Transcript		Dasiness	522130	208	378,637	208,378	3.637	0	0
e Ve	2a Loan Interest Income			522130		229,135	2,229		0	0
B	b Investment Services			522130		918,580	3,918		0	0
ИĊ	d Insurance Services			522130	-	758,339	4,758	•	0	0
Ser	e Credit Card Fees			522130		833,620	4,833	•	0	0
am						606,367	5,606	•	0	0
ogr	<b>f</b> All other program service revenue	220.7	24,678			•	·			
ď	<b>9 Total.</b> Add lines 2a-2f	. •	229,7	24,076						
	3 Investment income (including divid		t, and other		20.225.01	7.7	20.225.025		0	
	similar amounts)		<u>.</u>	<u> </u>	39,235,92		39,235,927		0	0
	4 Income from investment of tax-exe			<u> </u>		0	0		0	0
	<b>5</b> Royalties			<u> </u>		0	0		U	0
	(i) Rea	ıı (ii)	) Personal	-						
	<b>6a</b> Gross rents									
	<b>b</b> Less: rental expenses		1							

1/14	/2018 <b>Casaset:191</b> 6	ve05555556	opport lett ptbr24	-12 (Filesot) corestat	AND AND APPENDING SEED OF	offdettishenged D	## <b>136</b> 44
	<b>c</b> Rental income or (loss)	0		0			
	<b>d</b> Net rental income or	(loss)	•	_			
	<b>7a</b> Gross amount from sales of assets other	(i) Securities 576,123,953	(ii) Other 115,383,4	72			
	than inventory <b>b</b> Less: cost or other basis and	575,109,714	111,644,0	82			
	sales expenses	1,014,239	3,739,3	90			
	<b>c</b> Gain or (loss) <b>d</b> Net gain or (loss)		37.0373	4,753,6	529 4,753,629	9 0	0
Other Revenue	8a Gross income from further (not including \$\frac{1}{2}\$ contributions reported See Part IV, line 18  b Less: direct expenses contributions or (loss)  9a Gross income from growing See Part IV, line 19  b Less: direct expenses contribution or (loss)  10a Gross sales of inventor returns and allowance	of d on line 1c).  a b from fundraising even aming activities.  a b from gaming activities					
	b Less: cost of goods s c Net income or (loss) Miscellaneous 11aMisc Income - BOLI	old <b>b</b>	y Business Code	30 1,536,1	98 1,536,198	3 C	0
	b c						
	<b>d</b> All other revenue .				0 (	0	0
	e Total. Add lines 11a-	-11d		1,536,1	.98		
	12 Total revenue. See	Instructions	🕨	275,250,4	275,250,432	2 0	0
				Page 10			Form <b>990</b> (2016)
orm	990 (2016)						Page <b>10</b>
	ion 501(c)(3) and 501(c)(4)	_	omplete all colu	_	·	ete column (A).	
<b>.</b>		contains a response o	r note to any lir		(B)	(C)	
7b, 8	not include amounts repo 8b, 9b, and 10b of Part V	III.	L	(A) Total expenses	Program service expenses	Management and general expenses	( <b>D</b> ) Fundraisingexpenses
	Grants and other assistance domestic governments. See		itions and	0			
	Grants and other assistance IV, line 22	e to domestic individua	als. See Part	15,250			
	Grants and other assistance governments, and foreign is and 16.			0			
5	Benefits paid to or for mem Compensation of current of key employees	ficers, directors, trusto	ees, and	5,659,488			
	Compensation not included defined under section 4958			0			

11/14/2018 <b>Casesel::19-0vc059996500000000000000000</b>	L-12 (Filherth coresidate)	Alcon Pargne 1988 of faltin	offenged D	)# <b>136</b> 45
Section 4938(C)(3)(D)				<u> </u>
7 Other salaries and wages	38,951,685			
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,214,751			
9 Other employee benefits	4,313,536			
10 Payroll taxes	3,152,188			
11 Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	111,519			
c Accounting	177,961			
<b>d</b> Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,201,713			
12 Advertising and promotion	0			
13 Office expenses	2,960,594			
14 Information technology	7,618,373			
15 Royalties	0			
<b>16</b> Occupancy	3,419,576			
17 Travel	1,476,114			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
<b>19</b> Conferences, conventions, and meetings	447,012			
20 Interest	82,127,971			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,265,678			
23 Insurance	400,344			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Provision For Loan Loss	22,546,155			
<b>b</b> Mortgage Servicing Fees	9,685,653			
c Credit Card Servicing Fees	5,456,870			
d ATM Servicing Fees	1,470,999			
e All other expenses	13,354,436			
25 Total functional expenses. Add lines 1 through 24e	218,027,866	0	0	0
<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
				Form <b>990</b> (2016)
	Page 11			
Form 990 (2016)				Page <b>11</b>
Part X Balance Sheet				
Check if Schedule O contains a response or note to any li	ne in this Part IX .		<u> </u>	<u> U</u>
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1 Cash-non-interest-bearing		0	1	
2 Savings and temporary cash investments		344,175,154	2	393,484,633
3 Pledges and grants receivable, net		27.,0,701	3	222,70.,000
4 Accounts receivable, net		22,124,237	4	19,062,327
5 Loans and other receivables from current and former office	ers, directors	,,	-	,502,021
trustees, key employees, and highest compensated emplor II of Schedule L	yees. Complete Part		5	
# 40E0(\$\(\delta\)	(3)(D) =	1	ı	

11/14/2018 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Assets 5.235.596.103 7 6.377.570.590 7 Notes and loans receivable, net . R 8 Inventories for sale or use . 4.540.433 5.618.839 9 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10a 89,264,363 basis. Complete Part VI of Schedule D 47,052,846 10b 28,581,390 100 42,211,517 Less: accumulated depreciation b 2,464,482,582 Investments—publicly traded securities . 2,881,221,975 11 11 12 502,500 12 502,500 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 . 13 451,150 333,509 14 Intangible assets . . . . . 14 15 Other assets. See Part IV, line 11 . 156,410,727 15 205,641,373 Total assets. Add lines 1 through 15 (must equal line 34) 8,673,603,669 16 9,508,907,870 16 31,842,636 40,465,120 17 Accounts payable and accrued expenses . 17 18 18 Grants payable 1,346,423 1,498,783 19 Deferred revenue . 19 20 20 1,681,551 21 718,370 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 424,265,562 287,314,687 23 23 Secured mortgages and notes payable to unrelated third parties . 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 7,251,193,594 25 8,158,279,445 and other liabilities not included on lines 17-24). Complete Part X of Schedule D **Total liabilities.** Add lines 17 through 25 . 7,710,329,766 26 8,488,276,405 26 Balances Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets . . . . 28 Assets or Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . 0 30 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 0 963,273,903 1,020,631,465 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 33 Total net assets or fund balances . 963,273,903 33 1,020,631,465 34 8,673,603,669 34 9,508,907,870 Total liabilities and net assets/fund balances . Form **990** (2016) Page 12

Form 990 (2016) Page <b>12</b>				
Pai	rt XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	275,250,432	
2	Total expenses (must equal Part IX, column (A), line 25)	2	218,027,866	
3	Revenue less expenses. Subtract line 2 from line 1	3	57,222,566	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	963,273,903	
5	Net unrealized gains (losses) on investments	5	134,996	
6	Donated services and use of facilities	6	0	
7	Investment expenses	7	0	
8	Prior period adjustments	8	0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,020,631,465	

11/14/2018 **4** Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a No If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b No If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2c** If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a No If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form **990** (2016) Form 990 (2016) Additional Data **Return to Form Software ID:** 16000425 **Software Version:** v1.00 Form 990, Special Condition Description: **Special Condition Description** 

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